SHARPE CARE

TUU	EAST	HIGHLAND	DKIVE

OCONTO FALLS 54154 Phone: (920) 848-3272		Ownership:	Limited Liability Company
Operated from 1/1 To 12/31 Days of Operation:	365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/03):	115	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/03):	115	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/03:	89	Average Daily Census:	95

Services Provided to Non-Residents		Age, Gender, and Primary Di	_				%
Home Health Care Supp. Home Care-Personal Care	No No	   Primary Diagnosis	%	Age Groups	8		13.5 68.5
Supp. Home Care-Household Services	No	Developmental Disabilities	1.1	Under 65	0.0	More Than 4 Years	4.5
Day Services Respite Care	No Yes			65 <b>-</b> 74   75 <b>-</b> 84	9.0 36.0	I	86.5
Adult Day Care	No	Alcohol & Other Drug Abuse		85 - 94   95 & Over	43.8 11.2	************************************	*****
Adult Day Health Care Congregate Meals	No No	Para-, Quadra-, Hemiplegic   Cancer	2.2				idents
Home Delivered Meals Other Meals	No No	Fractures   Cardiovascular		   65 & Over		(12/31/03) 	
Transportation	No	•	12.4			•	10.9
Referral Service Other Services	No Yes	Diabetes   Respiratory		Gender 	응		9.4
Provide Day Programming for		Other Medical Conditions	12.4	Male	28.1	Aides, & Orderlies	50.3
Mentally Ill Provide Day Programming for	No	 	100.0	Female 	71.9	 	
Developmentally Disabled	No	•		 	100.0	 	

## Method of Reimbursement

		edicare			edicaid			Other			Private Pay	<u> </u>		amily Care			anaged Care	l 		
Level of Care	No.	olo	Per Diem (\$)	No.	8	Per Diem (\$)	No.	્ર	Per Diem (\$)	No.	Ŷ	Per Diem (\$)	No.	્	Per Diem (\$)	No.	્	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	9	100.0	347	65	94.2	115	0	0.0	0	8	72.7	130	0	0.0	0	0	0.0	0	82	92.1
Intermediate				4	5.8	97	0	0.0	0	3	27.3	129	0	0.0	0	0	0.0	0	7	7.9
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	9	100.0		69	100.0		0	0.0		11	100.0		0	0.0		0	0.0		89	100.0

SHARPE CARE

Admissions, Discharges, and	I	Percent Distributio	n of Residents'	Condit	ions, Services, an	d Activities as of 12/	31/03
Deaths During Reporting Period							
	I				% Needing		Total
Percent Admissions from:	I	Activities of	용	As	sistance of	% Totally	Number of
Private Home/No Home Health	4.6	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	2.6	Bathing	0.0		75.3	24.7	89
Other Nursing Homes	2.0	Dressing	5.6		69.7	24.7	89
Acute Care Hospitals	89.4	Transferring	30.3		43.8	25.8	89
Psych. HospMR/DD Facilities	0.7	Toilet Use	25.8		52.8	21.3	89
Rehabilitation Hospitals	0.0	Eating	68.5		19.1	12.4	89
Other Locations	0.7	******	*****	*****	*****	******	*****
Total Number of Admissions	151	Continence		용	Special Treatmen	ts	용
Percent Discharges To:	1	Indwelling Or Exter	nal Catheter	4.5	Receiving Resp	iratory Care	6.7
Private Home/No Home Health	15.6	Occ/Freq. Incontine	nt of Bladder	55.1	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	11.9	Occ/Freq. Incontine	nt of Bowel	32.6	Receiving Suct	ioning	0.0
Other Nursing Homes	8.1	_			Receiving Osto	my Care	3.4
Acute Care Hospitals	33.1	Mobility			Receiving Tube	Feeding	1.1
Psych. HospMR/DD Facilities	0.0	Physically Restrain	ed	2.2	Receiving Mech	anically Altered Diets	42.7
Rehabilitation Hospitals	0.0				_	-	
Other Locations	6.3 I	Skin Care			Other Resident C	haracteristics	
Deaths	25.0 i	With Pressure Sores		9.0	Have Advance D	irectives	89.9
Total Number of Discharges	i	With Rashes		3.4	Medications		
(Including Deaths)	160 i				Receiving Psyc	hoactive Drugs	70.8

Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

*************	*****	*****	*****	*****	*****	*****	*****	*****	*****
		Own	ership:	Bed	Size:	Lic	ensure:		
	This	Pro	orietary	100	-199	Ski	lled	Al	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	9	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	82.6	80.8	1.02	84.0	0.98	84.0	0.98	87.4	0.94
Current Residents from In-County	88.8	73.7	1.20	80.7	1.10	76.2	1.16	76.7	1.16
Admissions from In-County, Still Residing	14.6	19.8	0.74	21.5	0.68	22.2	0.66	19.6	0.74
Admissions/Average Daily Census	158.9	137.9	1.15	135.6	1.17	122.3	1.30	141.3	1.12
Discharges/Average Daily Census	168.4	138.0	1.22	137.2	1.23	124.3	1.35	142.5	1.18
Discharges To Private Residence/Average Daily Census	46.3	62.1	0.75	62.4	0.74	53.4	0.87	61.6	0.75
Residents Receiving Skilled Care	92.1	94.4	0.98	94.8	0.97	94.8	0.97	88.1	1.05
Residents Aged 65 and Older	100	94.8	1.05	94.5	1.06	93.5	1.07	87.8	1.14
Title 19 (Medicaid) Funded Residents	77.5	72.0	1.08	71.9	1.08	69.5	1.12	65.9	1.18
Private Pay Funded Residents	12.4	17.7	0.70	17.4	0.71	19.4	0.64	21.0	0.59
Developmentally Disabled Residents	1.1	0.8	1.43	0.6	1.92	0.6	1.78	6.5	0.17
Mentally Ill Residents	42.7	31.0	1.38	31.8	1.34	36.5	1.17	33.6	1.27
General Medical Service Residents	12.4	20.9	0.59	21.1	0.59	18.8	0.66	20.6	0.60
Impaired ADL (Mean)	48.3	45.3	1.07	47.6	1.02	46.9	1.03	49.4	0.98
Psychological Problems	70.8	56.0	1.27	57.6	1.23	58.4	1.21	57.4	1.23
Nursing Care Required (Mean)	8.3	7.2	1.15	7.8	1.07	7.2	1.16	7.3	1.13